



# State of New Hampshire

Department of Safety, Division of Motor Vehicles

Driver Education Section

10 Hazen Drive, Concord, NH 03305

(603)271-2485

Richard M. Flynn  
Commissioner of Safety

Virginia C. Beecher  
Director of Motor Vehicles

## DRIVER EDUCATION ENROLLEE REPORT

(This report must be filed prior to the third meeting of the class)

Date: \_\_\_\_\_ School Name: \_\_\_\_\_ License No.: \_\_\_\_\_

Classroom

Address \_\_\_\_\_

Building Name/Room No.

Street

City

Date of First Class: \_\_\_\_\_ Date of Last Class: \_\_\_\_\_ Classroom Hours: \_\_\_\_\_ Class Meets: \_\_\_\_\_ (circle) M T W T F S S

Instructor's Name(s): \_\_\_\_\_ Tele: \_\_\_\_\_

NAME OF STUDENT (alphabetical - Last, First, MI)	DOB	SEX (M/F)	ADDRESS (Street, City, State)	TELE.#
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

\*\*\*\*\*USE OTHER SIDE FOR ADDITIONAL SPACE\*\*\*\*\*

I certify that the above listed persons are presently enrolled in the Driver Education Course in the above named school.

Signature of Principal/Owner of School: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Signed under penalty of unsworn falsification pursuant to RSA 641:3

CONTINUED FROM OTHER SIDE:

NAME OF STUDENT (alphabetical - Last, First, MI)	DOB	SEX (M/F)	ADDRESS (Street, City, State)	TELE.#
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